

| <b>AMENDMENT TRANSMITTAL LETTER</b>   |                                  |                                 |                                       | Docket No.<br>0033-0959PUS1 |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
|---|----------------------------------|---------------------------------|---------------------------------------|-----------------------------|------|--|----------------------------------|--------------------------------|-----------------------------|------|--|--------------|----|--------|---|---------|------|--------------------|---|--------|---|----------|------|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Application No.<br>10/512,056-Conf. #8421   |                                  | Filing Date<br>October 21, 2004 |                                       | Examiner<br>S. A. Broome    |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Art Unit<br>2628  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Applicant(s): Norio ITO et al.  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Invention: Multimedia information generation method and multimedia information reproduction device  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Transmitted herewith is an amendment in the above-identified application.   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| The fee has been calculated and is transmitted as shown below.  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>24</td> <td>- 26 =</td> <td>0</td> <td>x 52.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 12 =</td> <td>0</td> <td>x 220.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="6"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00</td> </tr> </tbody> </table> |                                  |                                 |                                       |                             |      |  | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |  | Total Claims | 24 | - 26 = | 0 | x 52.00 | 0.00 | Independent Claims | 3 | - 12 = | 0 | x 220.00 | 0.00 | Multiple Dependent Claims (check if applicable) <input type="checkbox"/> |  |  |  |  |  | Other fee (please specify): |  |  |  |  |  | <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00 |  |  |  |  |  |
|   | Claims Remaining After Amendment | Highest Number Previously Paid  | Number Extra Claims Present           | Rate                        |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | 24                               | - 26 =                          | 0                                     | x 52.00                     | 0.00 |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 3                                | - 12 =                          | 0                                     | x 220.00                    | 0.00 |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Other fee (please specify):   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Large Entity  |                                  |                                 | <input type="checkbox"/> Small Entity |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| <u>Robert Down # 48222</u>  |                                  |                                 | Dated: <u>July 20, 2009</u>           |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| Charles Gorenstein<br>Attorney Reg. No.: 29,271   |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000  |                                  |                                 |                                       |                             |      |  |                                  |                                |                             |      |  |              |    |        |   |         |      |                    |   |        |   |          |      |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |